

Intermediary change to insurance information form

Mortgage account number	<input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text"/>
Caseflow/Mortgage Sales reference	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Customer Name (PLEASE USE BLOCK CAPITALS)	<input type="text"/>
Postcode of correspondence address (pre-completion)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CHANGE TO C&G HOME INSURANCE
Insurance requirements (tick the appropriate box(es) below)

<input type="checkbox"/> Buildings insurance with accidental damage	<input type="checkbox"/> Buildings insurance without accidental damage
<input type="checkbox"/> Contents insurance with accidental damage	<input type="checkbox"/> Contents insurance without accidental damage
<input type="checkbox"/> Own insurance arrangements (not C&G)	

Customers only need to provide answers for the questions below if C&G Home Insurance was not requested initially.

Have you ever held home insurance before? Yes No

Have you or any person who normally lives with you:

a) Had any home insurance declined/cancelled by the insurer or had any special terms imposed within the last five years? Yes No

b) During the past three years had more than three losses, whether insured or not, which can be insured under a home buildings and/or contents insurance policy? Yes No

Is the property to be let? Yes No

If you have answered **Yes** to any of the above questions please give full details in the additional information box detailing everything that you feel may be relevant to the insurance.

If you currently have home insurance, indicate how many years you have been insured without making a claim.

Buildings insurance	<input type="text"/> Years	Contents insurance	<input type="text"/> Years
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ADDITIONAL INFORMATION
Referral - if applicable, please specify reason(s) for referral and include further details below (ie non-standard construction, 7+ bedrooms, etc)

Specified items of insurance Listed building Holiday home Previous insurance history

Verbal confirmation of the above details has been received from the applicant(s)
(PLEASE USE BLOCK CAPITALS)

Name of Intermediary	<input type="text"/>	Company	<input type="text"/>
Signature	<input type="text"/>	Date of conversation	<input type="text" value="/"/> <input type="text" value="/"/>

